## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |                 |                      |                                 |                  |   | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                            |                        |  |
|--|--|---|-----------------|----------------------|---------------------------------|------------------|---|---------------------|------------------------|----------------------------|----------------------------|------------------------|--|
| TC   | TAL CLAIMS   |   | 22              |                      |                                 |                  |   | RATE                | FEE                    |                            | RATE                       | FEE                    |  |
| FO   | R  |   | NUMBER FILED    |                      | NUMBER EXTRA                    |                  |   | BASIC FEE           | 385.00                 | OR                         | BASIC FEE                  | 770.00                 |  |
| то   | TAL CHARGEA  | BLE CLAIMS                                | 2 2minus 20=    |                      | * 2                             |                  |   | X\$ 9=              |                        | OR                         | X\$18=                     |                        |  |
| IND  | EPENDENT CL  | AIMS                                      | 3 mir           | nus 3 =              | * 0                             |                  |   | X43=                |                        | OR                         | X86=                       |                        |  |
| MU   | LTIPLE DEPEN   | DENT CLAIM PF                             | RESENT          |                      | <del>,, ,,</del> ,              |                  |   | +145=               |                        | OR                         | +290=                      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                 |                      |                                 |                  | L | TOTAL               |                        | OR                         | TOTAL                      | 77006                  |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |                 |                      |                                 |                  |   | SMALL ENTITY        |                        |                            | OTHER THAN<br>SMALL ENTITY |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVI | EST<br>BER                      | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                   |                                 | =                |   | X\$ 9=              |                        | OR                         | X\$18=                     |                        |  |
|  | Independent  | *   | Minus           | ***                  |                                 | =                |   | X43=                |                        | OR                         | X86=                       |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                 |                      |                                 |                  |   | +145=               |                        | OR                         | +290=                      |                        |  |
| TOTAL ADDIT. FEE   |  |   |                 |                      |                                 |                  |   |                     |                        | OR                         | TOTAL<br>ADDIT: FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                 |                      |                                 |                  |   |                     |                        |                            |                            |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUN<br>PREVI         | HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                   |                                 | =                |   | X\$ 9=              |                        | OR                         | X\$18=                     |                        |  |
|  | Independent  | *   | Minus           | ***                  |                                 | -                |   | X43=                |                        | OR                         | X86=                       |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +   |   |                 |                      |                                 |                  |   | +145=               |                        | OR                         | +290=                      |                        |  |
| ,  |  |   |                 |                      |                                 |                  |   | TOTAL<br>ADDIT: FEE |                        | OR                         | TOTA<br>ADDIT. FEI         |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                 |                      |                                 |                  |   |                     |                        |                            |                            |                        |  |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT          |                 | NU!<br>PREV          | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                   |                                 | =                |   | X\$ 9=              |                        | OR                         | X\$18=                     |                        |  |
|  | Independent  | *   | Minus           | ***                  | _,                              | -                |   | X43=                |                        | OR                         | X86=                       |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                 |                      |                                 |                  |   | +145=               |                        | OR                         |                            |                        |  |
|  | If the entry in colu   | ımn 1 is less than t                      | he entry in col | umn 2, wri           | ite "0" in c                    | olumn 3.         |   | TOTAL               | <u> </u>               | ╣                          | TOTA                       |                        |  |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3. enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                 |                      |                                 |                  |   |                     |                        |                            |                            |                        |  |